	PATENT	APPLICATIO Effect	RD	09895979								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS 27							ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TO	TAL CHARGE	BLE CLAIMS	22 minus 20=		. 7			X\$ 9=		OR	X\$18=	36
INE	DEPENDENT C	LAIMS	3 minus 3 =		. 0			X40=			X80=	-30
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT						 	OR.		
• *	th difference	in column 1 ic	loss than zero, enter "0" in column 2			L	+135=		OR	+270="	(D - e/	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL		OR	TOTAL	796
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER	
AMENDMENT A		CLAIMS		HIGH	EST		Г	RATE	ADDI- TIONAL FEE) 		ADDI-
		REMAINING AFTER	,	PREVIO PAID	DUSLY	PRESENT EXTRA					RATE	TIONAL FEE
	Total	• 7.7	Minus	47 -	ron_	<u> </u>		X\$ 9=	FEE	-00	X\$18=	1 66
	Independent	• 7	Minus	•••		= ○ .	F	X40=		OR	X80=	
¥.	FIRST PRESE	JLTIPLE DEPENDENT CLAIF			4	H	X4U=	<u> </u>	ØŘ.	\A60≘		
								+135=		OR	+270=	
TOTAL OR TOTAL ADDIT. FEE ADDIT. FEE												
		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		REMAINING - AFTER - AMENDMENT	•1	- HIGH NUM PREVIO	BER :	PRESENT EXTRA		RATE	TADDI- TIONAL FEE		RATE	_ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	1 F	X40=	·		X80=	·
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.									OR	700=	
								+135=-		OR	+270=	
								TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		₩ATE	ADDI- TIONAL FEE
	Total		Minus	••		= .	1 [X\$ 9=		OR	X\$18=	
	Independent	•	Minus	. ***		Ξ	1 h	X40=			X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		J		_	OR		
	f the entry in cal-	mn 1 is less than t	na antor in colo	ma 2 webs	m in	lumo 3	L	+135=		OR	+270=	
**	If the "Highest Nu	mn 1 is less than ti mber Previously Pa mber Previously P	aid For IN THI	S SPACE	s less tha	n 20, enter "20	. A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		mber Previously Par her Previously Par					er tour	nd in the ap	propriate bo	k in co	dumn 1.	_

Application or Docket Number